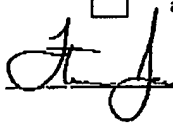


SEP 08 2005

PTO/SB/22 (10-04)

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| | | | |
|---|------------|--|-----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) 56651 (70904) | |
| Application Number 10/000,239 | | Filed November 2, 2001 | |
| For PORTABLE INFORMATION APPARATUS FOR DISPLAYING INFORMATION IN A FOLDED STATE | | | |
| Art Unit 2684 | | Examiner S. Sharma | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | Fee | Small Entity Fee | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120.00 | \$60.00 | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450.00 | \$225.00 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1,020.00 | \$510.00 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,590.00 | \$795.00 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,160.00 | \$1,080.00 | \$ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet. | | | |
| | | 01 FC:1251 | 120.00 DA |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,693</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ | | | |
|  _____ Signature Steven M. Jensen Typed or printed name | | _____ September 8, 2005 Date (617) 439-4444 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the U.S. Patent & Trademark Office by facsimile number 571-273-8300 on September 8, 2005.

Dated: September 8, 2005

Signature: 

(Steven M. Jensen)